

必須向社會福利服務部報告情況變化

## 醫療計畫

由於您享受醫療福利，所以在發生下列任何情況變化之後，您都必須於當月第十天之前通知我們：

### 家庭醫療福利

- 您遷居；
- 一位家庭成員從您家移居別處；或者
- 如果您的月收入增加或減少100美元或以上，並且您預計這種收入變化將至少持續兩個月。

### 老年人、盲人或殘障人士醫療計畫

- 您遷居；
- 一位家庭成員從您家移居別處；或者
- 您的收入來源發生變化；或者
- 您的收入發生變化。這包括您、您的配偶或與您住在一起的子女之收入。

### 妊娠期醫療福利

- 您遷居；或者
- 您的妊娠期已終止。

### 子女的醫療計畫之延長、外僑緊急醫療服務或新生兒醫療計畫

- 您遷居；
- 一位家庭成員從您家移居別處。

## Changes that must be reported to DSHS

### Medical Programs

**Because you received medical benefits, you must tell us by the tenth day of the month after any of the following changes happen:**

#### **Family Medical**

- You move;
- A family member moves out of your home; or
- If your income goes up or down by \$100 or more a month and you expect this income change will continue for at least two months.

#### **Aged, Blind, or Disabled Medical**

- You move;
- A family member moves out of your home;
- Your resources change; or
- Your income changes. This includes the income of you, your spouse, or your child living with you.

#### **Pregnancy Medical**

- You move; or
- You are no longer pregnant.

#### **Children's, Medical Extension, Alien Emergency, or Newborn Medical**

- You move;
- A family member moves out of your home.